

216000196473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

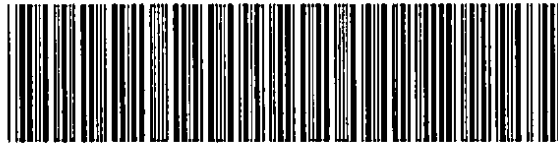
(Business Entity Name)

(Document Number)

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11/28/17--01005--028 **25.00

FALLAHASSEE, FLORIDA,

2017 NOV 27 AM 11:29

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

2017 NOV 27 PM 4:31

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NOV 29 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mcgyver's Fix It LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryon Wilson

Name of Person

Mcgyver's Fix It, LLC

Firm/Company

2140 South Century BLVD.

Address

McDavid FL 32568

City/State and Zip Code

Mcgyversfixit@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryon Wilson

850

6025191

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations,
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MCGYVER'S FIX IT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 10/25/2016 and assigned Florida document number L16000196473.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Richard Wolf

1915 North A Str.

Pensacola, FL 32501

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Richard Wolf

1915 North A Str.

Pensacola, FL 32501

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Richard Wolf

New Registered Office Address:

1915 North A Str

Enter Florida street address

Pensacola

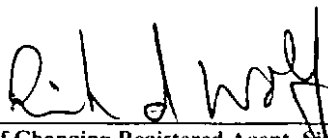
Florida 32501

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
OWNER	Richard Wolf (90%)	1915 North A Str. Pensacola FL 32	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
OWNER	Bryon Wilson	2140 South Century BLVD, McDa	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
OWNER	Kim Salvatore, Sr. (10%)	7705 Strawberry Ct, Milton FL 325	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	Wilson, Rhonda	2140 South Century BLVD, McDa	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

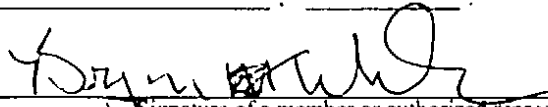
Please change LLC to reflect NEW Owner as Richard Wolf above as having (90%) ownership of Mcgyver's Fix It I
Remove Owner Bryon Wilson from the record.
Pleasae reflect Kim Salvatore, SR. Owner as having ownership of (10%) ownership of this company.
Remove Wilson, Rhonda as title MGR.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____


Signature of a member or authorized representative of a member

BRYON WILSON

Typed or printed name of signee